



Lokaritgerð til BA-gráðu í stjórnmálafræði

Transparency in the Age of Uncertainty

A Comparative Analysis of the Government Communication
Strategies of Iceland and the United States during the
COVID-19 Pandemic

Reynir Bragi Ragnarsson

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Abstract

Since the beginning of the COVID-19 pandemic in January 2020 nearly all countries have adopted a coordinated public communication strategy to communicate health guidelines and information to their citizens. The aim of this thesis was to analyze and compare the communication strategies of Iceland and the United States from when the pandemic was beginning in February of 2020 to late May. The metrics which were used to analyze their respective strategies were transparency, clarity, and consistency. The secondary goal was to see if speakers framed risk management as more of an individual responsibility or civic duty by applying the cultural theory of risk. The results showed that while speakers in both countries were mostly transparent, concise, and clear in early briefings, as time went on, the messages being communicated in the United States became less transparent, less clear, and less concise. In Iceland, there were fewer such instances and speakers remained as transparent, clear, and concise in the beginning of the analysis as in the end. However, in both countries most speakers framed risk management as a collective responsibility that each citizen had rather than an individual choice or something that had to be adhered to the threat of punishment.

Preface

This thesis was written as the final assignment in the B.A. program Political Science at the University of Iceland. It accounts for 12 ECTS credits and was written in the spring of 2021 under the supervision of Eva H. Önnudóttir, Associate Professor at the University of Iceland.

Having lived in the United States half of my life and studied in Iceland for the last three years, I was able to experience first-hand the difference with which these two countries dealt with the COVID-19 pandemic when I visited my family in California in the summer of 2020. The difference with which information was communicated by the governments of Iceland and the United States seemed to me to be the most striking. It was around that time in the summer of 2020 that I decided I wanted to explore what characterized each country's communication strategy

I would like to thank my supervisor Eva H. Önnudóttir for her assistance throughout the writing process and patience when I would push the deadline for our meetings and thesis drafts. I should also like to thank my parents Ragnar and Brynja who have always supported me. Not only during my time at the University of Iceland, but throughout my schooling. Without their help I would never have gotten this far.

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1 Introduction

Since the early months of 2020, roughly 2 million people have died worldwide as a result of the COVID-19 pandemic and countless more have found themselves unemployed or just barely getting by (John Hopkins University and Medicine 2021) (Kochhar 2020). An unfortunate aspect of the fight against COVID-19 has been a lack of effective public communication by many national governments around the world. Contradictory messaging within governments has resulted in a great deal of public confusion which has opened the way for misinformation to spread (OECD 2020). Thus, having in place an effective risk communication strategy is vital for governments to combat misinformation and fight outbreaks early on. This thesis compares the government communication strategies of Iceland and the United States in response to the unfolding pandemic from February to May of 2020. By doing a comparative analysis of the two country's approaches, the aim was to first illustrate the key differences between them by identifying some of the observable failures and successes in their communication strategy. In doing so, the analysis was based on two theoretical frameworks, the three principles for effective communication (transparency, clarity, and consistency) as outlined by the Organization for Economic Cooperation and Development (OECD) and the cultural theory of risk which looks at how risk management is framed. The ultimate goal then being to see which country's approach was better at communicating public health guidelines based on these principles. Other principles mentioned in the OECD's report include accountability, integrity, and citizen participation, but for the purposes of this analysis, the focus was only on the first three.

Although the United States and Iceland are immensely different in terms of size, culture, economy, and style of government, it is still possible to compare the way in which information was communicated from the top in both countries. The selection of those two cases can partly be grounded on the method of comparing different cases as defined by Gerring and Cojocar (Gerring and Cojocar 2016). The most-different case method assumes that the background factors of cases are not likely to be the cause of a particular outcome, which in this case would be the challenge both governments were faced with due to the pandemic. My approach deviates from the most-different cases method, as I analyze similarities and differences in their communicative strategies in dealing with this outcome (COVID-19). The difference in size and style of the governments of Iceland and the United States is not seen as an issue since this essay compares how the authorities that were responsible for providing updates to their

national publics communicated important messages about this universal challenge. In the United States, the unit of analysis was federal of government under the Donald Trump administration, which took the lead role in communicating information about COVID-19 to the country as a whole. I therefore looked at the press briefings on behalf of the White House Coronavirus Task Force that was charged with overseeing the administration's response to the pandemic and communicating all important updates to the American people (The White House 2020). In Iceland, the main unit of analysis was the Directorate of Health (Embætti Landlæknis) and the Department of Civil Protection and Emergency Management of the Icelandic Police (Almannavarnadeild) who were both charged with providing information to the Icelandic public, in addition to the country's Chief Epidemiologist who operates within the Directorate of Health. Collectively, the three representatives of these departments came to be known as the 'Trio' (Þríeykið) and they are referred to as such in this essay.

As the COVID-19 pandemic has continued to progress, there has been an increasing recognition of the importance of good public communication in facilitating the public's compliance with public health guidelines (Brennen, et al. 2020). Existing research literature that analyzes risk communication strategies in relation to COVID-19, as well as past outbreaks, has broadly underscored the importance of governments maintaining a high degree of transparency, building trust, being timely, having a direct communication channel with the public, and involving different stakeholders (Abraham 2009) (Zhang, Li and Chen 2020) (Kim and Kreps 2020). In light of the spread of misinformation surrounding COVID-19, the OECD published a general public communication guideline for governments to incorporate whose three principles of transparency, consistency, and clarity served as the main criteria by which I analyzed and compared the two country's strategies (OECD 2020). Thus, this essay was mainly concerned with analyzing the nature and design of the messaging itself rather than more political questions of responsibility, such as who should have been held accountable or what is morally right. While such normative issues are important, it is beyond the scope of this essay and would have diverged from the focus on analyzing *how* public health messages were communicated.

When analyzing and comparing the communication strategies of two different countries, the influence of culture on risk communication design must also be considered. Throughout the world, the public's response to efforts to combat COVID-19 has not exactly been uniform. Looking at Iceland and the United States, there is a marked difference between the two

countries in terms of the level of polarization which has festered within the general population since the beginning of the pandemic. Recent evidence from the Pew Research Center (which will be referred back to in chapter 3) has shown that Republicans and Democrats in the United States differ significantly in terms of their perception of the personal health risks associated with COVID-19 as well in their approval of the media's coverage of the virus (Mitchell, et al. 2021) (Tyson 2020). Comparable evidence on the degree of polarization within Iceland is currently less abundant, although a recent study which looked at the spread of misinformation about COVID-19 within the country showed that the public's trust in official communication channels remains high at around 90% approval (Stjórnarráð Íslands 2020). However, as this is still a relatively recent phenomenon (roughly one year since the pandemic began at the time of writing) more published research from Iceland is expected in the future.

The rest of this thesis is divided into the following chapters by subject. Chapter 2 provides a brief timeline of events which covers the early stages of the outbreak within Iceland and the United States. Chapter 3 explains the theoretical framework, including the cultural theory of risk. Chapter 4 then outlines the methodology and how the theory is applied along with the terms transparency, consistency, and clarity. Chapters 5 and 6 analyze the communication strategies of the United States and Iceland, respectively. Chapter 7 compares the findings for the two countries, and finally, chapter 8 summarizes the main findings of the thesis. Additionally, this thesis follows the naming conventions in each country when referring to individuals by their name: In the US it is the convention to refer to people by their last name in any formal discussion, while in Iceland it is the convention to use only the first name, even when talking about authority figures.

2 Background – Timeline of COVID-19 in Iceland and the United States

2.1 Iceland

From mid-January to March, the novel coronavirus which had acquired the name COVID-19 by the WHO, spread rapidly beyond China's borders (where it is believed to have originated in the city of Wuhan). The outbreak was officially declared a pandemic by the WHO on March 11, 2020, at which point the virus had reached 114 countries and official cases numbered around 118,000 (WHO 2020). By the end of March, most countries in Europe had closed their national borders and imposed bans on public gatherings and travel (Hale, et al. 2020). As a small island in the North-Atlantic Ocean, Iceland had the unique advantage of being able to prepare for the worst ahead of time and avoid the catastrophic overwhelming of hospitals seen in Southern Europe. However, this would not prevent the inevitable surge in cases that was to follow. The country confirmed its first case in late February and in the following weeks cases nearly doubled every day (Gunnarsson 2020) (Covid.is 2020).

Nine of the first known cases in Iceland were all traced back to Northern Italy and neighboring Austria (Ragnarsdóttir 2020). Just prior to the discovery of these cases, the Icelandic government had activated a national program of targeted testing for individuals who may have been exposed to the virus or were returning from areas deemed to be "high-risk" (Gudbjartsson 2020). Since February, the government has continued to place an emphasis on contact tracing to identify areas of transmission wherever they arise (Hale, o.fl. 2020). As of February 2021, there have been 6,045 recorded cases whereof 29 have died as of May 1, 2021 (Covid.is 2021). Out of a population of 368,590 the 29 deaths correspond to 7.86 deaths per 100,000 population (Covid.is 2020). In accordance with the country's "Pandemic Preparedness Plan" the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police (Almannavarnir) are responsible for disseminating information to the public through readily available communication channels (Ríkislögreglustjóri og Sóttvarnalæknir 2020). Thus, after it became clear that a pandemic was nearing in January, plans were drawn up for an official communication channel, the formation of which can largely be credited to Kjartan Hreinn Njálsson, assistant to the Director of Health, and Rögnvaldur Ólafsson, Assistant Chief of Police. The National Commissioner of the Icelandic Police, Víðir Reynisson was charged with leading the briefings, along with the Director of Health, Alma Möller, and Chief Epidemiologist Þórólfur Guðnason (Hrafnsson 2020). The first

of these information briefings was held on February 27 (Covid.is 2020). Thereafter, information briefings became more organized and were broadcasted daily until late May, when cases began to decline and they switched to three times a week. As much of the nation tuned in to stay updated on the unfolding crisis, the three representatives of the Trio became somewhat of national celebrities (Hrafnsson 2020).

Although cabinet-ministers have sometimes been present, they have largely taken a backseat when it comes to providing the public with health recommendations and answering questions (Hrafnsson 2020). In an interview with one of the minds behind these briefings, Kjartan Hreinn Njálsson, it was revealed to this author that initially there was no plan for the Trio to be at the forefront. At first Víðir was contacted to be an advisor rather than a speaker, and the briefings were to be called “press briefings” but were later changed to “information briefings” to signify their intention. Kjartan noted “we wanted to say what we knew, even when we didn’t know in order to establish trust...we wanted ministers to be present, but not to answer questions, just answer questions in interviews after the briefings” (Njálsson 2021). And so it was. The Trio’s briefings have continued to be held regularly since February 27, 2020 up to the time of writing (with the exception of the gap during the summer months of 2020) and are broadcasted live by most of the major networks in Iceland such as Channel 2 (Stöð 2) and the Icelandic National Broadcasting Service (RÚV). By May 4, 2020 there had already been 64 such briefings (Vísir 2020).

2.2 United States

The United States confirmed its first case on January 20, 2020 when a man who had just returned from Wuhan in China fell ill and sought medical attention at a hospital in the state of Washington (Holshue 2020). More cases were confirmed a few days afterwards and on January 31 the country declared a public health emergency (HHS Press Office 2020). Following this declaration, then-President Donald Trump, enacted a series of travel restrictions, first on China and then on Europe. Prior to declaring a public health emergency, Trump had established the White House Coronavirus Task Force on January 27 (The White House 2020). A federal government organization made up of various secretaries and other cabinet officials operating under the State Department that was charged with coordinating the Trump administration’s COVID-19 response. Additionally, the US initiated a national testing program to screen for the virus (CDC 2020). By March 26, however, the country had 86,693 confirmed

cases, putting it ahead of China and all of Europe as the country with the highest number of reported cases, but not before Trump had declared a national emergency on March 13 as a result of the rise in cases (Executive Office of the President 2020) (Ritchie, et al. 2021). As of February 2021, a total of 28 million cases have been recorded nationwide, whereof over 500,000 have died (Ritchie, et al. 2021) (CDC 2021). Out of a population of 328 million the 500,000 deaths correspond to 175.70 deaths per 100,000 population. This is a significantly higher ratio than the 7.86 deaths per 100,000 population in Iceland. Due to the federal nature of the country, response to the pandemic has been somewhat uneven in terms of the extent of restrictions which have varied state-by-state. However, the federal government has the unique responsibility of coordinating the country's *national* response together with state and local officials through federal agencies like the CDC and HHS (The White House 2018).

Much like Iceland's Pandemic Preparedness Plan, the "National Biodefense Strategy" of the United States, adopted in 2018, required the secretaries of key federal agencies to work together to produce a comprehensive national strategy for when the US was faced with biological health threats. This includes "rapid information-sharing...to promote consistent messaging to inform key audiences" (The White House 2018). By early March of 2020, the televised press briefings of the WH Coronavirus Task Force had definitively become the main public communication channel of the federal government in providing updates on COVID-19. Prominent speakers included Task Force members such as the director of the National Institute of Allergy and Infectious Diseases (NIH) Dr. Anthony Fauci, the WH Coronavirus Response Coordinator Dr. Deborah Birx, Director of the CDC Robert Redfield, as well as President Donald Trump himself and Vice President Mike Pence. During these briefings, Trump often took center stage. Press briefings at first occurred every two to three days and then began to be held daily from March 16 to late April. By the end of April, however, the briefings became more infrequent and by late May they stopped being held altogether until they were again reinstated in June 2020 (Bennett 2020).

3 Theoretical Framework – Cultural Theory of Risk

This chapter explains the theoretical framework which this analysis is based on, the cultural theory of risk. The other (the OECD's three principles of transparency, consistency, and clarity) is covered later in chapter 4 on methodology where the three principles and key concepts which make up the cultural theory of risk are given clear definitions which can be reliably observed and analyzed. At its core, the theory holds that individual's views towards how risks should be handled is largely influenced by one's "way of life" which can be broadly categorized within four distinct categories (hierarchical, individualist, egalitarian, fatalist). In applying the cultural theory of risk, the aim is not to measure how individuals interpret risks through questionnaires or surveys. Instead, the cultural theory of risk is applied alongside the OECD's three principles to assess whether the overall messaging of Iceland and the United States was more hierarchical, individualist, egalitarian, or fatalist with regards to how speakers framed risk management. Since the cultural theory of risk was developed in the early 1970s, many of the most important works on the theory are quite old. However, since the beginning of the COVID-19 pandemic, more research has emerged which has indirectly underscored the central premise of the cultural theory of risk. Namely that cultural factors are some of the most important determinants for how individuals will perceive risks and respond to public health guidelines.

Originally developed in the early 1970s by the anthropologist Mary Douglas and political scientist Aaron Wildavsky, the cultural theory of risk is one of three major branches within the family of risk perception theories which include psychological, anthropological/sociological, and interdisciplinary approaches (Rippl 2002). Risk theories seek to interpret how and why individuals form judgements about risks such as terrorism or an outbreak (Tansey and O'Riordan 1999). As noted, the basic structure of the theory rests on the premise that individuals essentially *choose* what they perceive to be a risk based on their particular "way of life", i.e., their culture (Wildavsky and Dake 1990). In order to measure specific 'cultures', Douglas and Wildavsky outlined four ways of life that can be identified along a grid/group axis. "Grid" refers to the degree with which individuals are limited in their actions by their social role, with tighter bonds offering less room for individual agency, while "group" refers to the degree with which individuals feel a sense of social commitment/solidarity with fellow group members. The stronger such feelings of solidarity are, the less an individual will be guided by purely personal interests (Tansey and O'Riordan 1999). According to Douglas and Wildavsky,

the four ways of life which exist within this grid/group axis correspond to specific types of behavioral patterns which exist across all cultures: hierarchical, individualist, egalitarian, and fatalist.

As the name would imply, those in the hierarchical grouping are characterized by a meritocratic outlook on social roles and see risk management as the responsibility of governmental authorities or experts. They fear socially deviant behaviors which disrupt the social order. In that sense they are both “high group” and “high grid”. Individualists view risk management as an individual choice and are generally opposed to overreaching governmental restrictions on behavior, which they see as an encroachment on their personal autonomy. For individualists, socially deviant behavior is only a problem insofar as it limits another person’s freedoms. They are both “low group” and “low grid”. Egalitarians are chiefly concerned with maintaining equality. They are suspicious of risk management which is decided by a homogenous elite without consideration for how certain restrictions may deepen inequality and disproportionately affect different societal groups. In their view, top-down risk management must not compromise equality. They are “high group” and “low grid”. Lastly, fatalists are those who may be described as socially isolated individuals. They are largely pessimistic about attempts at risk management, which is seen as futile given the uncertainty of predicting future events. Although they lack a strong sense of group identification, they accept their powerlessness in the face of risks which cannot be controlled. They are thus “low group” and “high grid” (Wildavsky and Dake 1990). The theory has sometimes been criticized for overestimating the influence of culture over individual choice and that the social factors behind risk perception are far more complex than what the grid/group suggests (Tansey and O’Riordan 1999). Nevertheless, other researchers have expanded upon the original theory and lent it greater credibility through their findings. Karl Dake measured individual’s perceptions of various societal risks according to ‘attitude scales’ which he correlated with the four ways of life. By interviewing up to 300 persons in groups of 25 about their views on risk policies and then factoring in their personal values, Dake showed that cultural biases were indeed powerful predictors for individual risk perception (Dake and Wildavsky 1991).

However, even leaving aside research which specifically set out to test the original theory, recent evidence in the context of the COVID-19 pandemic has shown that cultural biases like one’s political beliefs and other preconceived notions are some of the most important predictors for whether someone will adhere to or disregard social distancing measures. A

study from December 2020 which looked at some 6,854 persons in the United States and Canada, showed that an overconfidence in one's own health and a belief that the COVID-19 pandemic has been exaggerated were the two strongest predictors for disregarding social distancing measures (Taylor, et al. 2020). Another study by the Pew Research Center (which was mentioned in chapter 1) also showed that factors such as a low concern about the health risks posed by COVID-19 and a belief that the virus has been exaggerated by the media were among the main factors contributing to the divide between Republicans and Democrats on COVID-19, with Republicans less likely to view COVID-19 as a serious threat to their personal health (Tyson 2020). These results are consistent with those from the University of California, which found that young adults who identify as Republican are less likely to follow social distancing guidelines (Leventhal, et al. 2020). Taken together, these findings along with the categories established by the grid/group model has important implications for making sense of the sharp contrasts with which the general public has responded to public health measures against COVID-19.

Republicans in the United States, for example, generally tend to be more individualistic, and as the studies cited above showed, these groups are also likelier to disregard public health guidelines. If we were measuring individual perceptions, rather than applying the theory to the public messages, persons expressing such views would be placed in the individualist category. While the United States and Iceland are both wealthy Western societies where the rights of the individual come before that of the collective, the United States has been characterized as more individualistic. Compared to other Western European countries, Americans tend to value more the freedom to pursue life's goals without state interference and are also less supportive of social safety nets/welfare (Pew Research Center 2011). The US is also among the most diverse countries in the world whose inhabitants are not united by a shared ethnic heritage. Iceland on the other hand is unique among many developed countries in terms of its small population size and ethnic homogeneity (Statistics Iceland 2020). The idea that the state should take an active role in ensuring general welfare by way of the so-called Nordic model has long been a part of mainstream political culture. Moreover, in a study measuring the public's views towards the government's public health measures, roughly 90% voiced confidence in their efficacy (Jónsson, o.fl. 2020). Being aware of this difference in culture is important when seeking to analyze both country's communication strategies in terms of how they frame risk management.

4 Methodology and Structure of Thesis

This chapter outlines *how* the cultural theory of risk is applied alongside the three principles of transparency, consistency, and clarity, as well as how examples were selected within the set timeline. The timeframe from late February to the end of May (only one example is from January) is a significant period because it covers the time from when the outbreak was just beginning, towards when many assumed that the peak had been reached (i.e., spring). Due to the way in which the virus spread, official communication strategies were adopted at different stages. Although some public announcements were made before official briefings begun, the examples which I select for analyzing and comparing the communication strategies of Iceland and the United States are those which clearly constitute a part of their official communication strategy and are therefore not always on the same days.

4.1 Content Analysis, Selection of Examples, and Timeframe

This analysis was based on the televised press conferences that were held on behalf of the White House Coronavirus Task Force (US) and the Trio (Iceland). The research method of content analysis was used to analyze the patterns in these videos from the perspective of the two theoretical frameworks. Content analysis is a type of qualitative research method that is used to identify and count the occurrence of specific themes within media texts in a systematic way (Devereux 2014). Often this is done by analyzing written documents, but it is also applied to video communication. Unlike quantitative content analysis which counts the frequency of specific variables, qualitative content analysis is more interpretative because it looks for the obvious as well as the less obvious patterns in media content. Such as to illustrate the intentions of communicators, narratives, framing of stories, and cultural patterns of groups (Devereux 2014). Qualitative content analysis is therefore particularly suitable for analyzing and comparing the broader communication strategies of the US and Iceland since it focuses on a critical examination of the larger discourse rather than just the counting of certain words and phrases.

A total of 30 videos were selected (15 from Iceland and 15 from the US). In Iceland's case, all briefings from February 27 to the present day are available on the website of the Icelandic news-outlet Vísir (Vísir 2020). As for the US, the website of the public service station "Cable-Satellite Public Affairs Network" (C-SPAN) was used to reach older White House press briefings (since the change of administration Trump administration press briefings are no longer

accessible on whitehouse.gov) (C-SPAN 2021). In the US, the WH Coronavirus Task Force broadcasted infrequently from February 26 to March 15 and then nearly every day from March 16 to April 27. After that, briefings on behalf of the WH Coronavirus Task Force again became more infrequent. Meanwhile in Iceland, briefings were held once every day from the first one in February to May 4, after which they began to be held three times a week (Vísir 2020). Given this difference in time, it would have been impractical to adhere to the same exact timeframe for both cases. Another reason is that although a particular week may have significant in one country, this may not have been the case in the other (such as when the total number of cases passed a certain threshold). For these reasons, examples were selected roughly based on how significant a particular day was, while also ensuring that they were spread out over the general timeframe of February to May. When analyzing these videos, attention was paid to how well or inadequately speakers met the specific criteria (transparency, clarity, and consistency) as well as the underlying cultural themes (more hierarchical, egalitarian, etc.). The definitions that were ascribed to each term is outlined in section 4.2. Table 1 shows the 15 briefings selected for the US and table 2 shows the 15 briefings selected for Iceland.

Table 1: List of briefings selected for the United States.

USA	
Date	Key Event
January 31, 2020	First travel ban is introduced and HHS declares public health emergency
February 26, 2020	Trump designates Mike Pence as Chairman of WH Coronavirus Task Force and CDC announces first case of community spread in California
February 29, 2020	New members added to the WH Coronavirus Task Force
March 2, 2020	Task Force begins to initiate regular discussions and the first case in New York is detected the day prior
March 6, 2020	US passes 200 cases of COVID-19
March 14, 2020	CDC issues no sail order for cruise ships, and the day prior Trump had declared a national emergency
March 18, 2020	Trump invokes Defense Production Act
March 24, 2020	US sees most deaths in a single day up to that point (163)
March 27, 2020	US becomes the country with the most cases.
April 3, 2020	US reports over 270,000 cases and 7,000 deaths
April 19, 2020	US passes 40,000 deaths
April 27, 2020	US passes 1 million cases of COVID-19 one day after
May 11, 2020	First Press Briefing on COVID-19 after gap
May 22, 2020	First Press Briefing on COVID-19 by Trump since May 11
May 29, 2020	Last Press Briefing on COVID-19 by Trump

Table 2: List of briefings selected for Iceland.

Iceland	
Date	Key Event
February 27, 2020	First Information briefing in Iceland
February 28, 2020	First case of COVID-19 confirmed in Iceland
March 2, 2020	Whole of Italy was declared dangerous. Previously it had only been limited to a few regions
March 6, 2020	First two cases of person-to-person infection in Iceland
March 14, 2020	First restrictions on gatherings introduced
March 19, 2020	All countries declared dangerous and all Icelandic citizens and residents of Iceland that are returning from abroad must quarantine for fourteen days.
March 24, 2020	Restrictions on gatherings brought to just 20 people
April 2, 2020	The contact tracing app Rakning C-19 is launched*
April 6, 2020	Announcement made to extend restrictions until 13 April
April 21, 2020	Announcement made to ease restrictions on gatherings from 20 to 50
April 24, 2020	New rules introduced for all incoming travelers
May 4, 2020	Easing of restrictions gatherings in schools from 20 to 50 people
May 18, 2020	Swimming pools allowed to operate at half capacity
May 25, 2020	Easing of restrictions on gatherings at schools from 50 to 200 people. Last information briefing
May 29, 2020	Lecture entitled "The Battle with COVID-19". Not an information briefing
* <i>Rakning C-19 is a contact-tracing smartphone application used to identify those who have been in close proximity to a newly infected individual.</i>	

4.2 Defining Key Concepts

In order to determine if a particular example of communication was transparent or concise, or if the overall tone was more hierarchical than individualistic, specific examples are outlined for each concept that can actually be observed. The definitions are intended to be specific enough to be empirically valid, while also not too narrow to prevent any meaningful interpretation. This was after all a qualitative analysis of a complex phenomenon that could not be limited by mere semantics.

Transparency, in the context of government, refers to the ability of outsiders to easily obtain valid and timely information about the activities of government (Johnston 2014). Examples of communication which is transparent are when a communicator responds truthfully to a COVID-19 related question to the best of his/her knowledge without “going in circles” or avoiding giving an answer, when they communicate accurately the current and past

response of the government even in the case of failure and previous errors, when they communicate accurately statistical facts and reports about COVID-19 based on what was known at the time, and when they communicate accurately the reasons underlying the introduction (or abandonment) of public health measures. *Clarity* refers to how easily information can be understood by receivers and how simply/clearly it is articulated by communicators (Merriam-Webster). Examples of communication that is clear are when a communicator provides information about COVID-19 and public health measures in a direct manner and easily understandable language without too much scientifically loaded vocabulary, when a communicator provides information in a relatively short manner that does not go off-topic, and when the information that is being articulated is unambiguous and does not leave any room for doubt about what was meant. *Consistency* refers to the ability for something to be asserted by one or more speakers without contradiction (Merriam-Webster). Examples of communication which is consistent are when important information and advice relating to COVID-19 is essentially the same throughout a given conference no matter who is speaking and is not contradicted by another communicator and when the information being articulated by communicators is the same as stated by other government institutions (CDC, HHS, Directorate of Health, Prime Minister, etc.). An example of communication that is more *hierarchical* is that which emphasizes the essential need for citizens to follow public health measures and social distancing rules as mandated by the state/government. It also clearly frames the government and key societal institutions as the legitimate leading force in the fight against COVID-19 and a civic duty to follow their rules and recommendations (i.e., top-down approach). An example of communication that is more *individualist* is that which underscores the idea that adhering to the government's public health measures and other such recommendations is voluntary and a personal responsibility rather than a civic duty or a collective responsibility. It also frames individual liberty as equal to or even more important than public health measures in cases where there seems to be a conflict of interest. An example of communication that is more *egalitarian* is that which emphasizes the collective responsibility of adhering to the government's public health measures and social distancing rules, but further emphasizes the differential effects the virus and efforts to contain it have on different societal groups. It frames the maintenance of societal equality as equal to or even more important than following public health guidelines when there seems to be a conflict of interest. An example of communication that is *fatalist* is that which frames the virus and risks

of infection as essentially inevitable, uncontrollable, and/or not a serious threat and thereby easier to accept. It frames government agency and public health measures to combat the spread of the virus as inefficient/helpless in the face of such a multifaceted problem as COVID-19. It also casts doubt on solutions such as vaccines and future treatments.

Although this analysis was done according to a specific theoretical framework and methodology, there were naturally still some issues which came up during the research process. One of the difficulties in writing this analysis was the issue of which examples/quotes to feature. It would not have been possible to list every single instance of non-transparency or every single instance that was transparent as this would diverge from the main objective of providing a wholesome summary of the two countries' communication strategies. With that established, the second question then arose of how to choose which examples to feature and which ones to leave out while still reflecting each strategy accurately and without being biased? It was important to approach the subject without any agenda other than to accurately assess how information was communicated. While watching each press briefing/information conference, the most relevant quotes and actions were written down and the time that they occurred. Of these, the most notable examples from each country were featured in the essay insofar as they were descriptive of the country's communication strategy. Nevertheless, there is still a chance that some crucial examples were left out. Future research studies could expand upon the subject by involving more than one author to mitigate for the factors mentioned above such as political biases, selection of quotes, and other underlying factors.

5 United States – Briefings on behalf of WH Coronavirus Task Force and Trump Administration

This chapter begins by outlining the way in which press briefings in the US lived up to the principles of transparency, clarity, and consistency from the beginning of the timeline towards the last briefing. Next, the way in which risk management was generally framed, as based on the cultural theory of risk, is detailed in section 5.2.

5.1 Transparency, Consistency, and Clarity (United States)

Most briefings on behalf of the WH Coronavirus Task Force took place in the James S. Brady Press Briefing Room in the White House where there was a single podium and speakers would take turns speaking into the microphone while the rest stood behind them on stage. Following each briefing, reporters would pose questions to the members who were present. If a question related to a specifically scientific matter (such as COVID-19 mortality models) and the person being asked the question was not an expert in that field (ex: Trump or Pence) then they would usually ask the expert on stage to come up and answer such a question to provide the most accurate answer (C-SPAN March 2, 2020, 16:50). More political issues, such as what the federal government was doing about testing and travel restrictions were usually answered by Trump or Pence.

In the first briefing from January 31, the head of the Health Department (HHS) Alex Azar, appeared at the White House along with other health experts such as Robert Redfield of the Centers for Disease Control (CDC) and Anthony Fauci of the National Institutes of Health (NIH) to inform the press of the novel coronavirus. Neither President Donald Trump nor Vice President Mike Pence were present at this briefing and most of the speaking time was taken up by health experts. The speakers presented the latest updates about the number of confirmed cases globally and within the US, and outlined the current response of the CDC (C-SPAN January 31, 2020, 02:50). All speakers presented the information they had at their disposal in great detail and in clear language, both with regards to how the virus works and the consequences of Trump's travel ban on Chinese travelers that he had recently implemented. The speakers also underscored each other's points and maintained consistency throughout the briefing. Azar, Redfield and Fauci all emphasized that at the present moment the risk to the American public was low (C-SPAN January 31, 2020 1:50, 5:50, 9:50). Although this advice would later prove to be wrong, it represented the general scientific consensus at

the time. Neither Azar, Redfield, Fauci or any of the other speakers made attempts to avoid the questions posed by reporters. It was, for example, openly admitted that they did not know the accuracy of COVID-19 tests and that there were many “unknown” aspects of the outbreak (C-SPAN January 31, 2020, 4:50, 29:30). One of the only instances of non-transparency in this first briefing centered around the issue of so-called “quarantine centers”, wherein Azar admitted that they had been selected but did not state where they were located, only that they would be announced (C-SPAN January 31, 2020, 19:40).

In the following briefings on February 26 and 29 and early March, most of the speakers seen in the first briefing were still present, but there were also new members from the WH Coronavirus Task Force such as Dr. Stephen Hahn of the Food and Drug Administration (FDA) and Seema Verma of the Centers for Medicare & Medicaid Services (CMS). Donald Trump and Mike Pence were also henceforth prominent speakers and Trump would continue to be the leading speaker in most subsequent briefings. When speaking about the latest information on COVID-19 most speakers continued to be transparent and clear about the present number of cases within the US and both Azar and Fauci did not shy away from stating that there was a real possibility of an increase in cases (C-SPAN February 26, 2020 20:29 - 21:40). As in January, Azar, Trump, and Pence all stressed that the risk to the American public was currently low (C-SPAN February 26, 2020 8:00, 19:15, 21:29). However, Azar and Fauci added that the degree of risk had the potential to change quickly and the virus may come back next year in a cycle-like fashion (CSAPN February 26, 2020, 21:40, 28:00).

Nevertheless, as early as February 26 we also begin to see examples of communication wherein it was not clear what was meant, or speakers would contradict the earlier statements of Task Force members. For example, in the briefing on February 26, Trump essentially compared the coronavirus to the flu by stating “I spoke with Dr Fauci on this...the flu kills from 25,000 to 69,000 a year, and so far, if you look at what we have with the 15 people, they’re recovering” (C-SPAN February 26, 2020, 12:00). However, as recently as in the briefing on January 31, Fauci had dismissed such comparisons by saying “you can predict pretty accurately what the range of mortality is [with influenza] the issue now with this [COVID-19] is that there are a lot of unknowns and the number of cases has steeply inclined each and every day!” (C-SPAN January 31, 2020, 04:50). Likewise, in this same briefing on February 26, Dr. Anne Schuchat underscored Azar’s statement that things could change quickly by stating “we do expect more cases” (C-SPAN February 26, 2020, 24:30). This stands somewhat in contrast to

what Trump had said only moments before when he stated “we’re ready to do what we have to do as the disease spreads, *if it spreads*” (C-SPAN February 26, 2020, 08:15). Towards the end of the briefing on February 26 a reporter asked Trump if American citizens should buy face masks and what the US is doing to boost the production of such personal protective equipment. Trump avoided directly answering what individuals should do and simply stated “I don’t think we’re ever going to be near that...our borders are very controlled” (C-SPAN February 26, 2020, 36:00). When a reporter later asked Trump if the federal government was planning on testing more people given the higher number of testing in other countries, Trump refrained from revealing his administration’s plans about whether they were considering increasing testing and did not reveal *who* needed to get tested but switched the subject over to personal hygiene measures, while at the same time casting doubt on their efficacy by stating “we’re testing everybody that we need to test...now you treat this like a flu...you wanna wash your hands a lot, if you’re not feeling well, if you feel you have a flu stay inside, but there are certain steps that you can take that won’t even be necessary” (C-SPAN February 26, 2020, 47:00). Thus, while avoiding giving a direct answer about who exactly is being tested, it is also not clear from Trump’s remarks how one should approach public health guidelines at this point in time when he stated such steps may not even be necessary. However, nearly all speakers on stage applauded Trump’s travel ban on China and underscored each other that it bought them more valuable time to prepare their containment strategy (C-SPAN, February 29, 2020, 15:00, 20:30, 24:40; March 2, 2020, 6:40).

From early to mid-March, Task Force members such as Pence, Fauci, Redfield and Birx continued to provide updates on the general situation in relatively transparent and clear terms. When answering questions by reporters that required a scientific understanding of how the virus affects people, Pence would usually ask more qualified individuals to come up to the podium and answer on his behalf (C-SPAN March 2, 2020, 16:50, 18:00; March 6, 2020, 20:00; March 14, 2020, 45:20). However, when it came to questions such as *when* people could get tested, wherein Trump and Pence did most of the talking, answers were sometimes less transparent. On March 6, during a television interview, Trump had stated that “anybody who wants a test could get a test” (Valverde 2020). However, this claim was not reiterated by Pence during the briefing on that same day. When a reporter asked Pence when those who felt they needed a test would be able to get a test, Pence only spoke broadly of his administration’s actions with regards to working with large companies to provide testing kits (C-SPAN March

6, 2020, 21:45). When a different reporter posed the same question to Pence, he again avoided the question before asking Dr. Steven Hahn of the FDA, to answer the question. Hahn similarly avoided the original question and stated “if I were with a patient who came in and wanted a test, I would recommend to that provider to contact their local public health group” (C-SPAN March 6, 2020 30:00). It is thus not revealed when or if those who wish to receive a test could get a test, despite Trump’s earlier assertions. Still, throughout March, most speakers on stage continued to be transparent about the latest information that they had and made sure to underscore each other’s points (C-SPAN March 14, 2020, 00:30, 15:20; March 18, 2020, 9:50). For example, on March 18th, Dr. Birx admitted that they did not fully understand surface-level transmission in the past and that is why the updated guidelines published by the White House recommended that one should not expose oneself to surfaces outside the home (C-SPAN March 18, 2020, 42:00). In the briefing on March 14, Fauci and Birx had also made sure to highlight the reasons behind the new travel restrictions on Europe and the importance of continuing to practice social distancing (C-SPAN March 14, 2020, 11:20, 17:00).

By March 24, however, the tone of the briefings had somewhat shifted from virus containment to the economic recovery and gradually re-opening society. Trump began the briefing on March 24 with optimistic messages about how he hoped to see large sections of the country open up by Easter “as we [the US] near the end of our historic battle with the invisible enemy” (C-SPAN March 24, 2020, 1:00). Trump, however, did not go into detail about what information he based this newfound hope on when a reporter asked him if the doctors on stage [Fauci and Birx] thought it was a realistic timeline. Rather, Trump replied “we’re looking at a timeline, we’re discussing it...we’re gonna look at it, we’ll only do it if it’s good and maybe we do sections of the country. We’re very much in touch with Tony [Fauci] and Deborah [Birx]” after which he clarified “I just thought it was a beautiful timeline” (C-SPAN March 24, 2020, 33:50). Being present at this briefing, Fauci and Birx still took up a considerable amount of speaking where they spoke openly about the fact that cases would indeed continue to surge and the fact that there were still many “dark spots” throughout the country that they didn’t know about (C-SPAN, March 24, 2020, 15:49, 16:20, 18:30). Birx stated that they were concerned about the New York area and added “this means, as in all places, they have to be following the presidential guidelines that were put out...and this will be critical” (C-SPAN March 24, 2020, 16:10) However, in doing so, the statements of Birx and

Fauci contradicted the hopeful messages communicated by Trump about nearing the end of the battle. When Larry Kudlow, Director of the National Economic Council, took to the stage, he similarly alluded that the recovery may be during the summer, as opposed to Trump's more specific Easter date (C-SPAN March 24, 2020, 23:30).

When Fauci was later asked about the Easter date by one of the reporters, he only replied "that's really very flexible...when you look at the country, obviously no one is gonna wanna tone down things when you see what's going on in a place like New York. But the country is a big country and there are areas that we really need to know more about...so if we do the kind of testing that we're doing and you find there are areas that are very different from other areas, you may not want to treat it as one force for the entire country" (C-SPAN March 24, 2020, 37:00). Thus, while not dismissing the idea that re-opening could begin soon for certain areas, Fauci fell short of underscoring the possibility that re-opening could begin for the entire country (let alone by Easter) and that the US was nearing the end of the battle. By late March, the subject of ventilators and what the federal government was doing to ensure their production was also becoming a larger issue. During the briefing on March 27, Trump spoke about the actions his administration was taking by invoking of the Defense Production Act (C-SPAN March 27, 2020, 00:50 – 2:00). Trump admitted rather clearly that there were some issues between the federal government and companies such as General Motors regarding the number of ventilators to be produced and issues of cost. Even adding some harsh words for the companies in question (C-SPAN March 27, 2020, 18:45 – 20:00).

Towards the beginning of April, the issue of facemasks was also becoming more prevalent. Trump began the briefing on April 3 by reading that the CDC was now recommending that Americans wear a facemask due to the fact that asymptomatic transmission was shown to be playing a larger role than they had previously thought. "The CDC is advising the use of non-medical cloth face covering as an additional *voluntary* public health measure" after which Trump looked up and added "so it's voluntary, you don't have to do it...they suggest it, but this is voluntary. I don't think I'm gonna be doing it" (C-SPAN April 3, 2020, 03:00- 04:09). While Trump added that these guidelines do not replace the CDC's earlier guidelines on social distancing, throughout the briefing Trump emphasized that the wearing of face masks was voluntary (C-SPAN April 3, 2020, 5:50, 6:05, 29:35, 30:25). Thus, while on the one hand the CDC recommended that Americans wear face masks, the head of state indirectly dismissed its

necessity by stating he would not wear one himself. When a reporter later asked what exactly Americans would gain from wearing a facemask, Trump only addressed why he was choosing not to wear one before calling upon the US Surgeon General who stated that face masks are recommended when social distancing could not be maintained (C-SPAN April 3, 2020, 30:00).

As we approached the middle of April, doctors like Fauci, Birx, Redfield, and Azar began to make fewer appearances as compared to earlier briefings. On April 19 Trump appeared alone at the briefing to speak about his administration's general response. A notable change during the briefing on April 19 is when Trump said of the virus "it's not the same thing as a flu at all...it's even a much different death to be honest" (C-SPAN April 19, 2020, 17:27). In the past, however, Trump had compared the virus to the flu not only in terms of how individuals should behave (i.e., wash their hands and practice social distancing), but had also likened the effects of the virus to that of the flu (C-SPAN February 26, 2020, 12:06). The briefing on April 27 was among the first to be held outside in the Rose Garden. As in previous briefings in late March, Trump gave mostly hopeful messages about how the country was now doing enough testing to begin re-opening (C-SPAN April 27, 00:50). Birx was likewise present to give a short power point presentation about the re-opening phase where she laid out the administration's testing plan, although it only took up a short amount of time (C-SPAN April 27, 2020, 22:00). Trump continued to demonstrate his willingness to re-open the country during the briefing on May 11 when he stated "don't forget, people are dying the other route [remaining in lockdowns] you can go with the enclosed route...people are dying with that too, you look at drug addiction, you look at suicides, people are dying that way too" (C-SPAN May 11, 2020, 46:10).

By the time of the last two briefings on May 22 and 29 (which were the first to be held since May 11) few of the original WH Coronavirus Task Force members were still present. In addition to the previous emphasis on re-opening the economy, Trump began the briefing on May 22 by identifying houses of worship as "essential places that provide essential services" whereupon he pointed out the supposed hypocrisy between some Governors allowing liquor stores and abortion clinics to remain open, but not churches. Trump further added that he would "override" Governors who refused to comply with his new declaration (C-SPAN May 22, 2020, 00:30 – 2:15). Upon finishing his speech, Trump then left the room without taking questions. A visible lack of consistency between administration officials on the subject of

masks also became apparent when it was shown during this briefing that Dr. Birx, along with one other unidentified person, were wearing a mask, while Trump, WH Press Secretary Kayleigh McEnany, and other political figures were not. After Trump's speech, Birx took up most of the briefing and presented a summary of new hospitalizations, testing levels, and a slideshow of "influenza-like illnesses" in the US, which were shown to gradually decrease with each month.

Birx echoed Trump's optimism by stating that "across the country we are below baseline". However, she also spoke of states and counties where the number of cases was seemingly rising (C-SPAN May 22, 2020, 10:00 - 17:00). Upon finishing her slideshow, Birx took questions from reporters for some time before leaving and having Kayleigh McEnany take the podium. McEnany, underscored Trump's speech and praised his decision to define places of worship as essential (C-SPAN May 22, 2020, 31:00). However, when asked by a reporter about Trump's decision to open churches and override Governors who refused to do so, and Birx's advice for some places to wait, McEnany stated it was "up to the Governors" (C-SPAN May 22, 2020, 35:00). Thereby contradicting Trump's message. In the end, McEnany switched gears completely to show reporters a slideshow about a supposed conspiracy surrounding former President Barack Obama. She then abruptly ended the briefing by advising reporters to have more questions on the subject [of Obama] next time, upon which she exited the room without taking any further questions (C-SPAN May 22, 2020, 39:00). During the last briefing (or speech) in this analysis, on May 29, Trump delivered a short speech outside at the Rose Garden to talk about China and announce that the US was terminating its relationship with the WHO. After the speech was over, Trump again left without taking questions and so did all members who were present with him during the speech.

The early briefings in this analysis show that information was largely communicated in a transparent, clear, and concise manner by most speakers. Both when providing updates on the present situation and when answering questions by reporters. Members of the WH Coronavirus Task Force and other speakers usually did not shy away from presenting the latest information in clear language, and there were few instances of mixed messaging. As time went on, however, information about the federal government's current and past response became noticeably less transparent and how exactly the public should approach public health guidelines became less clear. Additionally, the exact position of the federal government on re-

opening and facemasks became less concise as different speakers presented different recommendations and information during briefings which contradicted other speakers. Much of the reason for this evolution can be attributed to broad and off-topic statements made by Donald Trump as he became a larger force in these briefings and sometimes failed to give direct answers to reporter's questions about his administration's response by either generalizing too much, switching the subject, or dismissing questions entirely. The answers which he did give were also not always clear. The lack of consistency between speakers became most apparent in early April to late May as senior political figures began to demonstrate an eagerness to re-open society, while health-experts such as Dr. Fauci and Dr. Birx continued to point out a rise in cases in areas that were scheduled to re-open and essentially contradict the administration's hopeful messages.

5.2 Framing of Risk Management (United States)

Throughout the 15 US examples selected in this analysis, speakers often emphasized the collective and national nature of the fight against COVID-19 and either directly or indirectly framed the federal government as the obvious leader by implying that it had unique responsibilities. This was seen in speeches centered around what they [the federal government] *needed* to do in order to ensure certain states, counties, or cities within the US had all the medical supplies and tests they needed. A common phrase that was used by speakers such as Mike Pence, Alex Azar, and several others to describe this struggle was "a whole of government approach" (C-SPAN March 6, 2020, 30:00). Encapsulating the idea that all layers of government which make up the United States should work together in a common national effort with the full resources of the federal government. Trump also took care to emphasize the collective aspect of the struggle. "Every generation of Americans has been called to make shared sacrifices for the good of the nation...we're all in this together" (C-SPAN March 18, 2020, 06:50). A sentiment which was repeated by Pence when he stated "we're bringing the full power of the American economy to support American families and businesses...we're all in this together" (C-SPAN March 18, 2020, 07:45).

Personal hygiene measures were also framed as a civic duty by many of the speakers. During the briefing on March 14, Dr. Birx and US Surgeon General, Jerome Adams, both emphasized the need for "Americans to come together" in a bi-partisan way and for the media to "prioritize the health and safety of the American people" as Adams put it (C-SPAN March

14, 2020, 14:26, 29;15). Birx also stated in this same briefing that “this epidemic will be stopped at the community level” (C-SPAN March 14, 2020, 38:12). On this matter, Adams also followed up by emphasizing that this is about protecting vulnerable groups [seniors and those with underlying conditions]. During the 15 Days to Slow the Spread initiative which spanned some of the briefings, Pence also utilized every opportunity to encourage such community-level action through social distancing: “I wanna remind every American of the 15-day guidance to slow the spread...if every American will do their part and embrace these principles, we can significantly limit the reach of the coronavirus” (C-SPAN March 18, 2020, 12:00; March 24, 2020, 33:00). These statements carry an egalitarian approach to risk management where the emphasis is on the actions every citizen can and should willingly take to protect vulnerable groups and slow the spread of the virus (i.e., lessen the burden on the nation as a whole). Being the Vice President, however, Pence’s statement can also be interpreted as hierarchical as he was essentially directing viewers to take certain actions in a top-down manner. Thus, in framing the federal government as the central authority in the containment effort there is also a noticeable hierarchical approach to risk management.

Trump and Pence spoke in strong hierarchical terms about the federal government’s leadership role as it related to the Defense Production Act, which effectively compels companies to produce certain materials during national emergencies. “We will not hesitate to get them to do what they have to do” Trump said during the briefing on March 24 in reference to companies such as General Motors and those who produce crucial medical supplies (C-SPAN March 24, 2020, 3:00). When it came to the actions of actors lower in the ladder of governmental authority, such as the State Governors, Trump also made sure to assert his administration’s authority. Despite the United States’ culture of individualism, the general message was *not* that containment efforts were an individual matter which the federal government had no part in overseeing. Although speakers regularly sought to remind viewers how important everyone’s individual actions were in slowing the spread, the implication was that collective action was needed, not that individuals should do as they please. As noted in section 5.1, there were a few occasions that ran contrary to this which could be described as more individualist, such as when Trump repeatedly stated that wearing a mask was voluntary and he himself wouldn’t be doing it for purely personal reasons. However, for the most part the majority of speakers maintained that collective action was crucial. Taken together, it can be said that risk management with regards to the federal government’s leadership role was

clearly more hierarchical, be it when discussing what the federal government was doing to take care of Americans, State Governors, or working with private companies. When it came to actions which American citizens themselves could take, the general message was more egalitarian. That is to say, an emphasis on protecting vulnerable groups and community-level actions for the greater good of the nation.

6 Iceland – Briefings on behalf of the Trio

This chapter begins by outlining the way in which information briefings in Iceland lived up to the principles of transparency, clarity, and consistency from the beginning of the timeline towards the last press briefing, before proceeding onto how risk management was generally framed by the speakers.

6.1 Transparency, Consistency, Clarity (Iceland)

Most of the information briefings that were analyzed took place at the headquarters of the Icelandic Association for Search and Rescue (Björgunarmiðstöðin í Skógarhlíð) rather than some governmental office. Speakers were each provided with their own podium and own microphone, as opposed to there just being one podium with a single microphone. In the first three briefings, however, speakers were simply seated at a makeshift table. In the first official briefing on February 27, the would-be Trio had not yet taken form. Although Þórólfur was present in this first conference, instead of Víðir, Hjálmar Björgvinsson and his colleague Margrét Pálsdóttir appeared on behalf of the Icelandic Police and Civil Protection Department, and instead of Alma, the Director of the country's healthcare centers, Óskar Reykdalsson, appeared on behalf of the healthcare sector. The four speakers sat around a single makeshift table each with their own microphone (Vísir February 27, 2020). The informal nature of the briefing was apparent by the unprepared setup of the conference and when speakers didn't always speak into the microphone wherein the reporters had to move the microphones on the table themselves.

Nevertheless, at this early stage viewers get a glimpse into the general structure that was to characterize subsequent briefings, wherein Víðir would act as a moderator, Þórólfur would provide the latest data on COVID-19, and Alma would speak on the healthcare system. After Hjálmar (acting as the moderator) had introduced himself and the rest of the speakers during the briefing on February 27, Þórólfur spoke about the latest numbers on cases globally and stated that the virus was spreading and "likely to come to Iceland" (Vísir February 27, 2020, 2:40). After that, Margrét spoke about travel restrictions and Óskar on the situation within the country's hospitals. Although the country was later to implement airport screenings, during this first conference Margrét stated that such measures "had not been shown to deliver any results" (Vísir February 27, 2020, 3:00). Nevertheless, none of the speakers contradicted this

statement nor shied away from providing the information which they knew about the virus and the actions which they had taken up to that point.

In the following briefing on February 28, the three members of the Trio were all present, along with a guest speaker from Iceland's largest hospital (Landspítalinn). Usually, the guest speakers who appeared in some of the following briefings were there as representatives on behalf of a specific group (such as the National Association for the Elderly) which had a certain significance in relation to the actions which were being taken. During the briefing on February 28, the general structure was followed as Víðir introduced himself and the others and Þórólfur began the briefing to talk about the first case of COVID-19 within the country "today the Infectious Disease Department (Veirufræðideild) confirmed the first case here in Iceland...about 50 tests have been conducted, and this is an individual who is 50 years old, Icelandic, and was on a ski trip in Northern Italy. He left February 15 and came home February 22" (Vísir February 28, 2020, 01:00 – 1:50). Afterwards, when Alma spoke of the effects of the virus, she admitted that there were many unknown aspects surrounding COVID-19 but emphasized that "80% don't get symptoms, but around 5% get seriously sick" (03:00 – 03:15). Next, Víðir announced that Civil Protection Department was declaring a 'danger alert level' and what exactly that meant "now we've moved up to a so-called danger alert level...although there is just this one case which we're prepared to tackle, we're preparing ourselves *if* there is further spreading" (07:00). Less than nine minutes into the briefing, the floor was opened for questions. Rather than competing to be called upon, reporters simply began to speak and pose their questions.

At this early stage, talk of restrictions on gatherings and international travel was not yet being discussed by the Trio. On March 2, a reporter asked if Icelandic citizens should cancel flights for the spring holiday or wait and see. Víðir replied that he was going to "wait and see" about his planned flight to Portugal in April (Vísir March 2, 2020, 16:40). When another reporter asked if people should cancel weddings, Þórólfur underscored Víðir's hesitancy by stating "we have the power to implement tougher restrictions but there is no reason to do that right now because we don't have any cases of domestic transmission...however, if domestic cases rise then we need to re-evaluate that" (Vísir March 2, 2020, 17:50). Prior to giving this answer, Þórólfur had also stated "the threat level changes daily and it's hard to say exactly how the future will develop" (17:00). By the beginning of March, the briefings had also

added a sign language translator who stood to the right of the Trio. A crucial moment came at the end of the briefing on March 2, when Víðir finished by encouraging viewers to follow the major news-outlets since “they [the news-outlets] know everything we know, and we report to them information as soon as possible. When these new cases were confirmed, the media knew of it in advance and was able to get it out there on the air, so it was without any delays that this information was made available to the public...we will continue to work like this with the media and we encourage everyone to follow along and seek information from the right places” (Vísir March 2, 2020, 23:07 – 23:45). This last statement thus gave some insight into the larger communication strategy of the Trio, where it was revealed that a part of their operation involved coordinating with the major news-outlets about the latest information rather than announcing it for the first time during the briefings.

However, it is also during the briefing on March 6 where the absence of a cabinet minister began to present some issues with regards to transparency. According to one of the reporters, prior to the briefing on March 6, a law had been passed wherein those who were in mandated quarantine were ensured a salary during the process (Vísir March 6, 2020, 20:00). When the reporter asked if those who knowingly travel to high-risk areas and come back will also get paid while quarantining, Víðir replied “I think this is a question for the government ministers above us or the ministries because we don’t have any technical solutions on this matter” (Vísir March 6, 2020, 20:10). Such instances were rare, however, and throughout the following briefings, the three main speakers continued to be transparent about what they themselves knew and answer questions directly, even if they did not have all the information. In the next case where a reporter’s question was out of the area of expertise of the Trio, during the conference on March 14, the reporter asked what advice they had for Icelander’s living abroad and what should they do given the uncertainty of travel restrictions in many countries. Víðir simply stated that they should “follow along and if such recommendations [to return home] do come, then we’ll publish them and communicate them” after which he directed such individuals to register themselves on the Ministry of Foreign Affairs website, which according to Víðir, specifically published information on such matters for Icelanders living abroad (Vísir March 14, 2020, 30:00). When it came to the subject of testing and when anyone could get tested, Þórólfur initially did not address the question directly, saying “we have certain directions for tests and want to base it on certain symptoms and that’s just being done so we don’t lose control of the tools we have to analyze this virus...if everyone shows up, we won’t

have enough swabs and other equipment for sick patients. So we will continue to be aggressive [in contact tracing] and we likely won't face a shortage". However, in this same answer he finished by emphasizing "it is healthcare workers and doctors who decide who should go and get tested" (Vísir March 19, 2020, 23:10).

Although speakers were still transparent, clear, and concise in their messaging most of the time, in late March, the lack of a cabinet minister during one of the briefings again presented some issues, as well as non-transparency on the part of one of the guest speakers. When Óskar Reykdalsson again appeared as a guest speaker on March 24 on behalf of the country's health care centers (Heilsugæslan), he was asked if people who freely go into "protective isolation" would also get paid as those who are directed to quarantine. Just prior to this question, Þórólfur had stated "we have advised people with serious lung conditions to go into protective isolation (verndareinangrun)" (Vísir March 24, 2020, 19:30). Óskar, however, failed to answer if such individuals would also get paid in the same way as those who are directed by the government to quarantine or if they could get a doctor's note (vottorð) about their condition, only stating "doctor's notes are done in such a way that you just tell the truth and can confirm it, so it's possible to write such a note, but such people aren't sick...but we write that which we can confirm". When the same reporter followed up if it is indeed true then that these groups will not get paid, Víðir stepped in to answer "we just need to look into that, we had representatives from the Directorate of Labor (Vinnumálastofnun) and it's a good question that we will answer on covid.is. [website for information COVID-19] Thanks" (Vísir March 24, 2020, 20:20 – 21:15). From the perspective of such individuals as Þórólfur mentioned, it is not clear if going into protective isolation will 'pay off' economically, as neither Víðir nor Óskar underscored Þórólfur's advice.

Towards the beginning of April, Þórólfur and Alma began to speak of the country reaching its peak in the current 'wave' and that more cases lay ahead in the coming weeks (Vísir April 2, 2020, 04:30, 09:00). As the Easter holiday was also nearing at this time, Víðir advised viewers not to travel and stay away from family members who may belong to some risk group. In response to a question from a reporter if families could still meet for dinner, Víðir replied "that all depends on the nature of the family...it's not responsible to invite a big family over for dinner if in that group there are individuals in a risk group, and the more, the greater the risk. Let's just keep it to moderate groups" (Vísir April 6, 2020, 20:11). Thus, despite the

supposed peak the country was now facing, restrictions were still not so far reaching as to ban all gatherings between people living in different households. Although the implication from Víðir's recommendation would be that small gatherings amongst healthy individuals was fine, at the end of the conference, Víðir finished by advising viewers to "relax, stay home, have a virtual meeting with extended family, dinners with friends through virtual meetings, and enjoy your loved one's company and continue to be responsible" (Vísir April 6, 2020, 34:00). The message now being that dinners should take place virtually, regardless of if it is with one's extended family or friends. As we approached the end of April, however, the country seemed indeed to be on a downward slope with regards to the number of cases being confirmed daily. Þórólfur began the briefing on April 24 by stating no new cases were confirmed over the previous day (Vísir April 24, 2020, 00:15). This stood in contrast to a previous briefing just a few weeks prior in early April where the number of confirmed daily cases had been just short of 100 (Vísir April 2, 2020, 00:17). In light of this decline, Víðir announced at the beginning of the briefing on May 4 that these briefings would now be held three times a week rather than daily as they had been since March (Vísir May 4, 2020, 00:15).

Despite the general optimism that prevailed in late April to May, Þórólfur continued to emphasize basic public health guidelines: "although it's going well it's important to underscore these same things we've been saying all along, that individual behavior is probably the most important factor in preventing more infections in society" and in the following conference on May 4: "the work is not yet over. Despite finishing one chapter we need to continue to be vigilant and be ready to take on community-transmission...the two-meter rule is still valid" (Vísir April 24, 2020, 04:35; May 4, 09:00). The briefing on May 18 was thus characterized by a light and optimistic mood and the majority of the time was used to talk about the re-opening phase. As in the days prior, Þórólfur had no new cases to declare. However, in speaking about the country's swimming pools re-opening, Þórólfur remarked that it was "a bit worrisome to see how badly people followed the two-meter rule". This sentiment was underscored by one of the guest speakers when he stated "young people aren't quite respecting the two-meter rule...seems they're just looking at their phones" (Vísir May 18, 2020, 01:50, 06:07). Víðir also finished the briefing on a similar note by underscoring Þórólfur's point about individual action and reminding viewers "every individual has a responsibility and needs to be responsible...this work is still in our hands" (Vísir May 18, 2020, 26:00).

By May 25, Þórólfur was still reading zero new cases (Vísir May 25, 2020, 00:30). On this day, the Minister of Health Svandís Svavarsdóttir and Minister of Justice Áslaug Arna Sigurbjörnsdóttir were also present. Since there were no new cases to report on, the majority of the time was spent on giving speeches about what lessons the country should draw from this experience and Svandís praised the three members of the Trio by delivering a speech that was filled with notable quotes from previous briefings (Vísir May 25, 2020, 08:40). This went so far that all three members of the Trio were presented with a bouquet of flowers by the two ministers. Indeed, this was the “last briefing” of this sort, as stated by Víðir at very beginning. As such, the last example analyzed in our analysis (May 29) was not a briefing at all, but rather a lecture featuring members of the Trio, ministers, scientists, and other significant speakers entitled “The Battle with COVID-19” (signifying the feeling that the battle was over and now was the time for looking back on lessons learned and a bit of self-praise). Þórólfur and Alma nonetheless took time to reflect on the necessity to maintain basic public health guidelines in this last briefing on May 25. Þórólfur stated that the two-meter rule was now “optional” but given the pace of re-opening it would be important for everyone to maintain their individual hygiene practices (Vísir May 25, 2020, 01:50). Alma likewise sought to encourage Icelanders to keep the contact tracing app Rakning C-19 on their phones as this would enable them to identify cases of domestic transmission should it arise (Vísir May 25, 2020, 03:20). Despite underscoring the need to still be vigilant, none of the speakers on this day expressed doubt about the actions to re-open and remained concise.

Overall Communication remained largely transparent, clear, and concise throughout our timeline (February 27 – May 29). Both with regards to the overall structure of the 15 Icelandic briefings and when answering pressing questions by reporters. Although the first three briefings were quite informal, they soon began to take on a more structured flow which remained the same for subsequent examples (excluding the very last one which was not a traditional briefing). In this general structure, the National Commissioner of the Icelandic Police and overseer of the Civil Protection Department (Almannavarnir) Víðir Reynisson, would begin every briefing by introducing himself and the rest of the Trio (Chief Epidemiologist Þórólfur Guðnason and the Director of Health Alma Möller), as well as any guest speakers if they were present, before giving the word over to Þórólfur. Þórólfur would thereafter begin by reading the “numbers of the day” as he called them. This consisted of (and almost always in the same order) the number of deaths over the previous day (if there were any) along with

the total number of deaths from COVID-19 up to that point, the number of positive cases detected over the previous day, the total number of infected individuals in the country and where they were by region, the total number of tests conducted since testing began and over the previous day, the positivity rate of these tests, the number of people in quarantine and those who had finished quarantine, the number of individuals who had recovered, the number of patients hospitalized and where they were located, and the number of people on ventilators or in the emergency room (Vísir April 6, 2020, 01:00-2:00). After Þórólfur had presented the numbers and briefly explained what they meant for the country, Víðir would then give the word over to Alma who provided the latest updates on the situation within the country's major hospitals, such as the number of medical supplies, doctors, nurses, available rooms, and general condition of the patients (Vísir March 1, 2020, 06:30; March 24, 09:00). If there was a guest speaker, Víðir would then give the word over to them. If not, the floor would be opened for questions from reporters. Thus, these briefings were usually between 20 to 30 minutes.

As in the US, when a reporter asked a question about a distinctly scientific matter, the most qualified of the three or four speakers on stage would answer. When, for example, reporters would ask about the nature of the virus and what to expect if one were to become infected, Þórólfur would usually be the one to answer, and by that same principle, when reporters would ask about how the healthcare system was currently operating and meeting people's needs, Alma provided most of the answers (Vísir March 14, 2020, 21:50; March 19, 05:40, 29:30). Víðir, being a police officer, spoke less in this regard and acted more as a moderator for each conference. However, when reporters would ask questions relating to legal matters due to the various restrictions that were in place (or being lifted) Víðir provided the answers about what the police were doing (Vísir March 6, 2020, 18:30; March 24, 32:00). In addition, Víðir frequently sought to offer general advice that was intended to be uplifting before and after briefings, usually centering around maintaining sanity and to not let the virus get in-between people (Vísir March 2, 2020, 00:25; March 14, March 19, 00:10; April 2, 30:00).

While the negligible presence of political figures allowed the Trio to communicate the information which they had in great detail and follow a structured routine (Víðir as the overseer, Þórólfur as the man with the case numbers, and Alma with updates on the healthcare system) this setup occasionally presented challenges when reporters would ask

questions about distinctly political matters. Naturally, neither Víðir, Þórólfur, or Alma were equipped to answer such questions in any great detail and thus could only reply “that is a question for the government ministers above us” or “we have yet to get answers about that from the ministry” when such questions came up (Vísir March 6, 2020, 20:00; March 19, 20:30). As in the United States in late March, by late April and early May there was a general feeling of optimism amongst all the speakers that the battle had been won (or in any case this chapter of the battle) and the focus shifted towards re-opening society and the economy. So much so in fact that reporters were posing questions to the Trio about Iceland possibly helping other countries deal with the virus due to the absence of any new cases in Iceland (Vísir May 4, 2020, 15:00). Unlike in the US, however, there was a clear consensus amongst all three speakers that it was time to re-open. Although reporters brought up the fact that some of the country’s doctors were against the re-opening date, the members of the Trio and guest speakers were unanimous about the planned date and cited a lack of new cases as the reason for pushing ahead (Vísir May 18, 2020, 07:15).

6.2 Framing of Risk Management (Iceland)

Throughout the examples selected in this analysis (excluding the last lecture) the Trio, as well as most guest speakers, regularly emphasized the importance of showing national solidarity and for individuals to heed their recommendations for the sake of particular groups. This was most obviously seen when speakers repeatedly emphasized that the main reason they were asking people to follow public health guidelines was to protect vulnerable groups that were most affected by the pandemic such as the elderly. “The message that we want to emphasize as clearly as possible is that everything that we do is to assist these people [the elderly and vulnerable groups]. We aren’t particularly worried about people who are middle aged and in good shape” said Víðir during one of the earlier briefings in response to a question from a reporter about what actions were being taken to protect vulnerable groups (Vísir March 6, 2020, 14:10). A sentiment which he expressed again in the briefing on March 14 “for us it’s about protecting vulnerable groups...we are playing a ‘defensive game’...every decision we take will be based on this perspective” (Vísir March 14, 2020, 28:20). Alma and Þórólfur likewise underscored Víðir’s sentiment that certain groups such as the elderly needed to be protected and that the only way to truly do that was not just through restrictions from the top-down, but through the cooperation of all sectors of society “it’s not only what we [the

Trio] do, but groups in society and all individuals, how they think about hygiene and especially those who are vulnerable. That is the main thing and that is what will deliver results” said Þórólfur on March 6 (Vísir March 6, 2020, 15:00). Even when things were supposedly going well in early May, Þórólfur again reminded viewers “in all the public health measures that we’ve advised, the participation of the public has been the *most* important” (Vísir May 4, 2020, 07:20).

Although here we have a case of government officials advising citizens what to do, it was more egalitarian than hierarchical due to the Trio’s reasoning that these actions must be adopted for the interests of particular groups and their emphasis on ‘asking’ people to adopt hygiene practice rather than threaten coercive measures. On April 24, Þórólfur specifically stated “we’re not ordering people, we’re asking them, and all of our recommendations are based on that principle...that people feel it, understand it, and want to, and that is what we’re doing for all vulnerable groups”. (Vísir April 24, 2020, 20:00). In the last briefing on May 25, the Minister of Health also added “public health measures were a lot less severe here because we placed such high confidence in individual-level hygiene measures...that is proving to be one of the most important aspects” (Vísir May 25, 2020, 25:00). This egalitarian approach to risk management (i.e., reliance on individuals to *willingly* do their part for the greater good) wasn’t only directed towards individuals but was also used as part of the Trio’s reasoning for the actions they were taking. In response to a reporter’s question on the economy being in shambles and what their current actions imply for the future if indeed the virus will come in waves, Þórólfur replied “what we’re doing here is causing a lot of societal harm...it’s also expensive to lose a life...so it’s hard to find some middle-route. What we’re doing now is trying to bring down this pandemic with as little societal cost as possible” (Vísir April 24, 2020, 19:00).

On the other hand, being representatives for government institutions and encouraging viewers to heed *their* advice and seek information on *their* website and daily briefings was by definition hierarchical. The Trio clearly framed themselves and the institutions they represented as the de-facto leader and main information source for updates on COVID-19, with Víðir even referring to the Trio as “the spearhead” in protecting all Icelanders from COVID-19 (Vísir March 19, 2020, 12:30). Although the Trio stated they sought to rely on citizen’s willingness to comply and simultaneously cause as little societal damage as possible, some punishments/fines were also in place at this time for breaking the restrictions set by the team. Víðir reminded viewers that such individuals would need to get in line immediately

during the briefing on March 24 “we’ve had several reports that some are not quite in that mode yet [social distancing] and it’s very important that people follow these restrictions. We’re not kidding around...not everyone is quite with us yet so now people need to take this seriously and follow these guidelines we put out!” (Vísir March 24, 2020, 32:00).

Taken together, however, the framing of risk management by the Trio was more egalitarian than hierarchical or individualist, and never fatalist. Although Víðir, Þórólfur, and Alma frequently underscored individual responsibility, this was not an implication that it was up to the individual to protect himself from others and everyone should do as they please, on the contrary, it was reiterated for the purpose of encouraging as many people as possible to adopt hygiene measures and slow the spread. It was less hierarchical than egalitarian because although viewers were expected to follow their guidance and one of the trending slogans from these briefings was quite literally “I obey Víðir”, the Trio was more often than not begging viewers to do so for the sake of society or some group rather than threatening to use lockdown measures or fines/punishments. The idea of having an app installed in one’s phone which tracks one’s movements and the fact that a large proportion of country’s population willingly did so is also a reflection of the egalitarian and hierarchical nature of risk management.

7 Comparison of findings in Iceland and the United States

In comparing the United States and Iceland it would seem that they began on a similar path, offering relatively clear public health messages and with most speakers remaining transparent and concise. In both the United States and Iceland, doctors such as Anthony Fauci and Þórólfur Guðnason devoted a lot of time to talk about domestic case numbers for the country as a whole and within specific regions. They did so in a direct and easily understandable manner and did not try to avoid answering questions by reporters on what they knew at the time. As time went on, however, the countries diverged sharply. The most obvious difference between the US and Iceland was the large presence of political figures as speakers in the US and their absence in Iceland's case. Although non-political figures also took up a significant amount of speaking time in the US, based on the examples which were used in this analysis, much of the reason as to why communication in the United States became less transparent, less clear, and less concise can be largely attributed to statements from the president which contradicted the messages of other speakers on stage or was otherwise not always clear and transparent. This was most obviously seen during question time where Trump's responses were sometimes quite confrontational or did not align with the messages being put forth by Dr. Fauci and Dr. Birx. On the other hand, the lack of any senior political figures in Iceland presented challenges as well, as the doctors and police making up the Trio could not answer specifically political questions in any great detail. However, political questions by reporters in Iceland were also quite rare and public health communication by the Trio remained about as transparent, clear, and concise in the later briefings as in the first. From the perspective of the OECD's three principles, there were simply far fewer instances in Iceland's case wherein speakers directly contradicted one another, made unclear statements, or failed to be transparent about what they knew.

Interestingly, while it was assumed that the strong culture of individualism in the US would be reflected in the framing of risk management by the speakers, this was not necessarily so, as most speakers in the US emphasized the need for individuals to make shared sacrifices for the greater good of the nation and vulnerable groups. Although by doing so, the federal government was also framing itself as the obvious leader and Trump's insistence on re-opening houses of worship at the expense of Governor's orders was clearly more hierarchical than egalitarian or individualist. In Iceland, speakers likewise framed risk management as a collective struggle based on protecting those most at risk with an emphasis on encouraging

rather than coercing, while also positioning the Trio as the “spearhead” in the fight against COVID-19. The more individualistic side to the United States’ case was Trump’s emphasis on the fact that things like wearing a mask were voluntary and he himself was not going to do it. With both the three principles of transparency, clarity, and consistency in mind along with the cultural theory of risk, the overall communication strategy of Iceland seemed to have lived up to the set criteria more so than the US.

8 Conclusion

Good public communication is an essential part of fighting disease outbreaks. In a situation such as the COVID-19 pandemic where the full cooperation of the public is needed in order to make any progress, being able to convince the public of the legitimacy of public health measures is of utmost importance. This has, however, shown to be easier said than done. Although the United States and Iceland could not be more different in terms of size and style of government which would presumably make a comparative analysis of their communication strategies futile, these background factors were irrelevant with regards to analyzing how information was communicated from the top in each country, i.e., the federal government in the US and the Trio in Iceland. Overall, the communication strategy of Iceland and the United States was similarly transparent, clear, and concise in the early stages of the pandemic, but as time went on the difference between the two became clearer. While communication on behalf of the Trio did not change much with regards to transparency, consistency, and clarity, there were more instances that failed to live up to these principles in the US, which became more frequent around April all the way towards the end of May. Although we cannot establish definitively which strategy was the most effective in convincing people to adopt public health guidelines (and thereby the better strategy) it does provide a picture of which actions to incorporate for an effective communication strategy and what to avoid.

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